



Insurance Tips

The information below is designed to provide an overview of how to obtain insurance coverage for speech-language pathology (speech therapy) and audiology services. **The American Speech-Language-Hearing Association (ASHA) also provides a variety of excellent materials to help you with insurance advocacy.** Find out more by calling ASHA at 1-800-638-8255 or visiting www.asha.org/public/coverage and clicking on "About Health Insurance" and "Adding Speech, Language and Hearing Benefits to Your Policy."

Obtaining Services...

- If you or a family member is interested in obtaining speech therapy and/or audiology services, discuss your needs with your physician or child's pediatrician and request a referral.
- To find a certified and licensed speech-language pathologist or audiologist in your area, go to www.ohioslha.org and look under "Professional Services, " "Ohio Agency Directory." This information is also available for other states at www.asha.org.
- Find out if your health plan covers speech therapy or audiology services by reading your plan's benefit handbook. Some insurance plans list the covered services on their websites. Additionally, you should also call the 1-800 telephone number found on the back of your insurance membership card and ask if speech therapy or audiology services are covered. Additional questions that should be asked at this time include:
 - Are both the evaluation and therapy (or treatment) covered?
 - Are there any exclusions based on diagnosis or age?
 - Is there a maximum number of therapy visits per year that will be reimbursed? If so, is there opportunity for additional visits if the clinician recommends this? Also, are the speech therapy visits combined with occupational and physical therapy visits?
 - Do I have a deductible or co-pay?
 - Do I have to choose a speech-language pathologist or audiologist from a network ?
 - Do I need to schedule all of the visits by a certain date?

Unfortunately, some insurance plans do not cover speech therapy or audiology services. For instance, most children are *not covered* under your plan if your benefit reads like this:

"Medically necessary speech therapy is covered when used in the treatment of speech or swallowing disorders resulting from disease, illness, or injury."

Additionally, policies often fail to explicitly state what kind of conditions will be excluded from coverage. For instance, your benefit's handbook may state that speech therapy is a covered service; however, your plan may deny reimbursement for services based on your child's diagnosis. Diagnoses that are commonly excluded from coverage include:

- Apraxia
- Autism
- Central Auditory Processing
- Congenital Disorder (i.e. Cleft Lip & Palate)
- Developmental Delay
- Mental Retardation
- Language Disorder
- Stuttering (Fluency)

Because the plans often do not list these non-covered diagnoses in benefit handbooks and brochures, employers and families typically do not recognize the plan's limitations when selecting their health benefits.

Other common reasons for insurance denials include:

- **Narrow definitions of "medical necessity."** Many pediatric speech and language disorders are caused by neurological impairments of which physicians cannot determine the exact medical etiology. Without a medical cause, insurance plans may claim that speech-language pathology treatment is not medically necessary.
- **Coverage for assessment/evaluation of speech only, but not treatment.** Many plans reimburse for a speech and language evaluation, only to deny payment for treatment once a speech and language disorder is diagnosed.
- **Services are "educational."** Many plans deny services for school age children because some children receive speech therapy in the schools. Not all children are eligible for school speech therapy. Children must score in a certain range on a standardized test and the speech and language impairment must be educationally handicapping.

If Your Policy Does NOT Cover Speech Therapy or Audiology Services or If The Coverage Is Limited:

The American Speech-Language-Hearing Association (ASHA) provides a variety of tools to help you with the steps listed below. Find out more by calling ASHA at 1-800-638-8255 or visiting www.asha.org/public/coverage and click on "About Health Insurance" and "Adding Speech, Language and Hearing Benefits to Your Policy." A free "Employer Insurance Packet" is available for you to share and review with your employer.

1. Find out if your employer offers another plan that provides better coverage for speech, language and hearing services and switch to that plan during the next open enrollment period.
2. Inform your employer about the limitations in your plan and request better coverage in writing.
3. Send a letter to your state legislator about the need for insurance reform.

If Coverage is Denied:

If your policy lists speech pathology services as a covered benefit but you were still denied:

1. **Call your insurance company** to determine the reason for denial. Ask for a copy of your plan's policy for speech therapy services and an explanation for the denial in writing. Keep all fax confirmations and for all telephone calls, write down:
 - **who** (you spoke with)
 - **when** (time and date)
 - **what** (was said)
2. **Write a letter to your insurance company** asking them to review the claim again. A written inquiry will more likely result in a written response. The letter should be copied to your employer's human resources officer.
3. **Contact the Benefits Coordinator** at your place of employment. Provide him or her with all documentation of your conversations with the insurance representative and copies of all letters sent and received. Ask your employer's benefits coordinator to contact the insurance plan on your behalf.

To Appeal Insurance Denials...

Always keep a written copy of correspondence between you and the insurance company. Written inquiries will more likely result in written responses. Insurance companies typically require that you submit the appeal request *within 30 days of receiving the initial denial of the claim.*

1. **Call your insurance company.** Ask the following questions:
 - a. What is the process for appealing insurance denials? What is the mailing address for the appeals department?
 - b. How can I get a copy of my plan's policy for speech therapy and hearing services and an explanation for the denial in writing?
 - c. How long will the appeals process take? What is the policy for a timely response?
2. **Write a letter of appeal from the family's point of view.** Include the following:
 - a. The child's name and diagnosis (or type of problem) and explain how the problem affects the child and/or the family
 - b. If your child has been in therapy, describe the progress that has been made as a result of therapy (**very important)
 - c. List all of the information that you are attaching (Physician letters, Speech/Hearing Evaluations, Treatment plans, Progress reports)
 - d. Thank them for their time. Request a written response within 30 days.
3. **Contact your child's pediatrician and referring physician** and state that you are going to appeal your insurance company's decision denying continued speech therapy or hearing services . Ask your physician for his or her support by providing written medical documentation that supports your child's need for continued therapy or diagnostic services and that speech therapy and/or hearing services are medically necessary and recommended.
4. **Contact your speech pathologist or audiologist and request:**
 - a. Recent progress report that summarizes your child's progress
 - b. A brief appeal letter that states why continued therapy or services are necessary or use a recent progress report that provides this information

*****VERY IMPORTANT...**

Employers have the greatest influence in obtaining better insurance coverage as they negotiate the contracts with insurance companies. Your Human Resources Director may not realize the need for better speech therapy or hearing coverage unless you inform him or her. Group insurance coverage for speech, language and hearing evaluations and therapy is a relatively inexpensive rider for most companies to add to their existing policies.

4. **Contact the Human Resources Director/Benefits Coordinator** at your place of employment. Inform him or her in person or in writing about:

- a. The limitations in your current insurance plan and the need for better coverage.
- b. Ask your employer's Human Resources Director/Benefits Coordinator to contact the insurance company on your behalf to support your appeal. Provide him or her with all documentation of your conversations with the insurance representative and copies of all letters sent and received.

5. **Send ALL appeal documentation to your insurance company in one envelope.** Send the envelope via certified mail so that you will be notified when your insurance company receives it. **Follow up** with your insurance within one to two weeks of sending the appeal packet to check on the status.

Additional Options:

- If you have secondary health insurance, always pursue authorization for speech therapy or hearing services with that plan as well.
- For children, the state must offer early intervention services to those who qualify. Learn more about this at www.asha.org/public/coverage/ under "About Health Insurance."
- Some large hospitals employ Financial Counselors that can assist you in applying for other financial aid programs, such as the Children's Health Insurance Program (CHIP) and the Bureau for Children with Medical Handicaps (BCMh) program. The application review process for BCMh generally takes 6-8 weeks. Call your local hospital and inquire about this service.
- Consider using flexible spending plan dollars for speech therapy and audiology services.
- Programs may be available that offer assistance. Check with the consumer advocacy group dedicated to your child's diagnosis.

***The information in this document was compiled from a variety of sources including but not limited to: The American Speech-Language-Hearing Association (ASHA), Cincinnati Children's Hospital Speech Pathology Department, and the National Stuttering Association.